# Part C: Major Data Sources for Healthy People 2010

Healthy People 2010 includes 467 objectives and 952 measures (objectives and subobjectives). Of these, 25 objectives and 62 measures were proposed for deletion at the Midcourse Review. Thus, there are currently 442 objectives and 890 measures. Data sources exist and monitoring has begun for 393 objectives and 818 measures. These objectives are being tracked by 168 data sources.

The original definition of a major data source was a data system responsible for tracking five or more objectives. After some experience with monitoring progress toward objective targets, it became evident that this definition was too restrictive. Objectives with subobjectives are often tracked by multiple sources, and hence can not be credited to a single source. Conversely, a number of data sources monitor numerous measures, but few complete objectives. Consequently, the definition of a major data source has been modified to include data systems responsible for tracking either (1) five or more complete objectives or (2) ten or more measures. Twenty-one data systems meet these criteria. A brief discussion of each (in alphabetical order) is provided in this section. Table 7 lists the major data sources by the number of measures and objectives tracked. About three-fifths of the objectives (60%) and measures (61%) in Healthy People 2010 are monitored using these data sources.

The major data sources shown in Table 7 are similar to those listed in the 2000 edition of *Tracking Healthy People*.[1] All but five of the 2000 major data sources are on the current list. The data sources that are no longer considered major are the Behavioral Risk Factor Surveillance System (BRFSS), the Continuing Survey of Food Intake by Individuals (CSFII), the National Ambulatory Medical Care Survey, the National Worksite Health Promotion Survey, and the STD Surveillance System. The BRFSS is tracking fewer objectives than anticipated, in part because the National Health Interview Survey has been adapted to provide national data for many of the objectives that might have been monitored by the BRFSS. The CSFII has been discontinued; its objectives are now tracked by the National Health and Nutrition Examination Survey. The remaining three surveys are still important data sources for Healthy People 2010. Each is used to monitor 4 objectives and 5-8 measures.

Three new surveys have been added to the list of major data sources: the Comprehensive Laboratory Services Survey, the Survey of Occupational Injuries and Illnesses, and the National Immunization Survey. The addition of these sources resulted from the revised definition; each tracks at least 10 measures, but fewer than 5 objectives.

## Table 7
## Number of Objectives and Measures Tracked by Healthy People 2010 Major Data Sources

| Data Sources | Number of Objectives Tracked | Number of Measures Tracked |
|---|---|---|
| National Health Interview Survey (NHIS) | 71 | 111 |
| National Health and Nutrition Examination Survey (NHANES) | 33 | 69 |
| National Vital Statistics System—Mortality (NVSS-M) | 31 | 46 |
| Youth Risk Behavior Surveillance System (YRBSS) | 14 | 20 |
| National Survey of Family Growth (NSFG) | 11 | 29 |
| National Hospital Discharge Survey (NHDS) | 10 | 15 |
| National Vital Statistics System—Natality (NVSS-N) | 9 | 22 |
| United States Renal Data System (USRDS) | 8 | 9 |
| School Health Policies and Programs Study (SHPPS) | 7 | 22 |
| National Survey on Drug Use and Health (NSDUH) | 7 | 21 |
| National Hospital Ambulatory Medical Care Survey (NHAMCS) | 7 | 9 |
| Medical Expenditure Panel (MEPS) | 5 | 8 |
| HIV/AIDS Reporting System | 5 | 6 |
| National Crime Victimization Survey (NCVS) | 5 | 5 |
| National Notifiable Disease Surveillance System (NNDSS) | 4 | 20 |
| Monitoring the Future (MTF) | 3 | 16 |
| State Tobacco Activities Tracking & Evaluation System (STATE) | 3 | 12 |
| Survey of Occupational Injuries and Illnesses (SOII) | 2 | 10 |
| National Profile of Local Health Departments (NPLHD) | 1 | 18 |
| Comprehensive Laboratory Services Survey (CLSS) | 1 | 11 |
| National Immunization Survey (NIS) | 1 | 10 |

## References

1. U.S. Department of Health and Human Services. *Tracking Healthy People 2010.* Washington, DC: U.S. Government Printing Office, November 2000.

## Comprehensive Laboratory Services Survey (CLSS)

| | |
|---|---|
| Sponsor | Conducted by the Association of Public Health Laboratories with support from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). |
| Mode of Administration | Self-administered Internet-based survey instrument. |
| Survey Sample Design | Census of the 56 U.S. State and Territorial Public Health Laboratories. |
| Response Rates | The 2004 response rate was 86 percent. |
| Primary Survey Content | Descriptive data on services provided by State public health laboratories, specialized testing, environmental health, laboratory regulation, emergency response, research, and training. |
| Population Targeted | State and Territorial Public health laboratories. |
| Demographic Data | N/A |
| Years Collected | 2004. |
| Schedule | Periodic. The projected periodicity of future surveys is approximately every 2 years. |
| Geographic Estimates | National |
| Contact Information | Data system homepage: N/A<br>Agency homepage: www.aphl.org and www.cdc.gov/phppo. |
| References | Association of Public Health Laboratories. *Defending the public's health.* Washington, DC: Association of Public Health Laboratories, 2005. |

## HIV/AIDS Surveillance System

| | |
|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP). |
| Mode of Administration | Reports from health care providers are sent to the local, State, or territorial health departments. States and territories share, on a voluntary basis, de-identified data with CDC. |
| Survey Sample Design | All 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and other U.S. territories report AIDS cases. In addition, 41 areas report confirmed cases of HIV infection (not AIDS). |
| Response Rates | Response rates vary by geographic region and patient population. In most areas, reporting of AIDS cases is at least 85 percent complete. Reporting of deaths is more than 90 percent complete. Completeness of reporting for HIV infection (not AIDS) is more than 85 percent. |
| Primary Survey Content | The AIDS case definition was modified in 1985, 1987, 1993 (for adults and adolescents), and 1994 (for pediatric cases). The surveillance case definition for HIV infection was revised as of January 1, 2000. Data include mode of exposure to HIV, case definition category, and other clinical and demographic information. |
| Population Targeted | Population of the 50 States, the District of Columbia, and the U.S. territories. |
| Demographic Data | Age, gender, race, Hispanic ethnicity, State and county of residence, country of birth, and living status. |
| Years Collected | 1981 to present. |
| Schedule | Annual since 2002. Prior to 2002, the HIV/AIDS Surveillance Report was published twice a year. |
| Geographic Estimates | National, State, and Metropolitan Statistical Area. |
| Notes | Data release policies prohibit the release of data that could be used to identify a person reported to the system. Thus, values for cells with 3 or fewer persons are suppressed. |
| Contact Information | Data system homepage: www.cdc.gov/hiv/surveillance.htm.<br>Agency homepage: www.cdc.gov/nchstp/od/nchstp.html. |

## HIV/AIDS Surveillance System

References

Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Report, 2003.* Vol. 15. Atlanta, GA: US Department of Health and Human Services, CDC, 2004.

Centers for Disease Control and Prevention (CDC). Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *Morbidity and Mortality Weekly Report* 48 (RR13): 29-31, 1999.

## Medical Expenditure Panel Survey (MEPS)

| | |
|---|---|
| Sponsor | U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality (AHRQ) and Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | The MEPS includes four linked, integrated surveys, three of which are used to monitor Healthy People 2010:<br><br>Household Component (HC): Computer-assisted, in-person interviews;<br><br>Medical Provider Component (MPC): Telephone interviews and mailed surveys; and,<br><br>Insurance Component (IC): Telephone interviews and mailed surveys. |
| Survey Sample Design | The MEPS HC sample is an annual nationally representative subsample of the National Health Interview Survey (NHIS), which uses a stratified multistage probability design that permits a continuous sampling of 358 primary sampling units. The 2003 HC collected data on 12,860 families and 32,681 individuals who participated in the 2002 NHIS.<br><br>The MPC sample includes medical providers and pharmacies identified by HC respondents, as well as a sample of office-based physicians associated with HC households.<br><br>The IC sample is drawn from three sources: employers identified by HC respondents, a Census Bureau list of private-sector business establishments, and the Census of Governments. The 2003 IC survey sampled 42,000 public and private-sector employers. |
| Response Rates | HC: Rate varies by round, so effective response rate varies by reference period of analysis; the MEPS response rate for calendar year 2003 was 65 percent, including the NHIS and three rounds of data collection.<br><br>IC: The annual overall response rate has averaged about 78 percent. For the period 2001-2003, the private sector response rate was approximately 80 percent while the government sector rate was 92 percent. |
| Primary Survey Content | HC: Health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.<br><br>MPC: Information on medical care events from Medical providers identified by HC respondents, including expense information for events covered under |

## Medical Expenditure Panel Survey (MEPS)

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|---|---|
| Primary Survey Content (continued) | various managed care plans.<br><br>IC: Employer-sponsored health insurance, including data on types of health insurance plans, associated premiums, and numbers of plans offered. |
| Population Targeted | U.S. civilian noninstitutionalized population. |
| Demographic Data | Age, race, Hispanic ethnicity, region, occupation, employment status, and household composition. |
| Years Collected | 1977, 1987, and 1996 to present. |
| Schedule | Annual. |
| Geographic Estimates | National. The HC data also can be shown for the four Census regions (Northeast, Midwest, South, and West). Some State information can be provided for the IC. |
| Notes | AHRQ fields a new MEPS panel each year. In this design, two calendar years of information are collected from each household in a series of five rounds of data collection over a 2 1/2-year period. These data are then linked with additional information collected from the respondents' medical providers, employers, and insurance providers. This series of data collection activities is repeated each year on a new sample of households, resulting in overlapping panels of survey data. |
| Contact Information | Data system homepage: www.meps.ahrq.gov.<br><br>Agency homepage: www.ahrq.gov. |
| References | Fleishman, J.A. *Demographic and clinical variations in health status.* MEPS Methodology Report No. 14. AHRQ Pub. No. 05-0022. Rockville, MD: Agency for Healthcare Research and Quality, 2005.<br><br>Sommers, J. *Employer-Sponsored Health Insurance for Large Employers in the Private Sector, by Industry Classification, 2003.* Statistical Brief No. 89. Rockville, MD: Agency for Healthcare Research and Quality, 2005.<br><br>*Technical Appendix (MEPS).* Rockville, MD. Agency for Healthcare Research and Quality, 2005. Available from: www.meps.ahrq.gov keyword: technical appendix.<br><br>*Frequently Asked General Questions (MEPS).* Rockville, MD. Agency for Healthcare Research and Quality, 2005. Available from: www.meps.ahrq.gov/faqs/faq_hc.htm. |

## Monitoring the Future Study (MTF)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA). |
| Mode of Administration | Self-administered paper and pencil questionnaire completed by a random sample of 8th, 10th, and 12th graders. |
| Survey Sample Design | The Monitoring the Future Study utilizes a three-stage probability design that includes primary sampling units (PSUs), schools within PSUs, and students within schools. Up to 350 students per school are selected, either by randomly sampling classrooms or by some other random method that is convenient for the school and judged to be unbiased. Beginning in 1991, national samples of 8th and 10th graders were included. Approximately 50,000 responses are collected annually from all three grades combined. In 2004, about 49,500 students in 406 schools participated in the survey. |
| Response Rates | The 2004 response rates for 8th, 10th, and 12th graders were 89, 88, and 82 percent, respectively. |
| Primary Survey Content | Cigarette, alcohol, and illicit drug use; attitudes and beliefs regarding drug use; attitudes of significant others regarding drug use; drug exposure and availability; lifestyle values, attitudes, and behaviors; participation in organized activities, leisure time activities, and religion; deviant behavior and victimization; health; college plans; and demographic data. Drug use and related attitudes are the key variables. |
| Population Targeted | Students in 8th, 10th, and 12th grades from public and private schools in the coterminous United States. |
| Demographic Data | Gender, race/Hispanic ethnicity, parental education (used as a proxy for socioeconomic status). |
| Years Collected | 1975 through present. |
| Schedule | Annual. |
| Geographic Estimates | National, census region, and population density (Large Metropolitan Statistical Areas [MSAs], other MSA, non-MSA). |
| Contact Information | Data system home page: http://www.monitoringthefuture.org<br>Agency homepage: http://www.nida.nih.gov |

| Monitoring the Future Study (MTF) | |
|---|---|
| References | Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; et al. *Monitoring the Future. National results on adolescent drug use: Overview of key findings, 2004.* NIH Pub. No. 05-5726. Bethesda, MD: National Institute on Drug Abuse, 2005.<br><br>Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; et al. *Mnitoring the Future. National survey results on drug use, 1975-2004: Volume I, Secondary school students.* NIH Pub. No. 05-5727. Bethesda, MD: National Institute on Drug Abuse, 2005. |

## National Crime Victimization Survey (NCVS)

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|---|---|
| Sponsor | U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. |
| Mode of Administration | Interview: With the exception of the first and the fifth of a total of seven interviews, all interviews are done by telephone using computer-assisted telephone interviewing (CATI). The first and fifth interviews are personal interviews using computer-assisted personal interviewing (CAPI). |
| Survey Sample Design | The NCVS uses a stratified, multistage cluster sample. Primary sampling units (PSUs) consist of counties, groups of counties, or large metropolitan areas. Data are collected every year from a sample of approximately 50,000 households that includes about 100,000 people aged 12 years and older. PSUs remain in the sample for a total of 3 years. A total of seven interviews are conducted at 6-month intervals during the 3-year process. In 2004, 84,360 households and 149,000 persons age 12 and older participated in the survey. |
| Response Rates | Response rates for 2004 included 91 percent of eligible housing units and 86 percent of individuals in interviewed households. |
| Primary Survey Content | The NCVS counts incidents not reported to police and is one of two U.S. Department of Justice measures of crime in the United States. The survey contains a screening section with detailed questions and cues on victimizations and situations within which crimes may take place. Interviewers follow up positive responses and collect details about victimizations in incident reports. |
| Population Targeted | Noninstitutionalized population aged 12 years and older residing in the United States. |
| Demographic Data | Age, gender, race, Hispanic ethnicity, and income. Property crimes include data on age, race, ethnicity, and household size. |
| Years Collected | 1974 to present. |
| Schedule | Annual. |
| Geographic Estimates | National. |
| Contact Information | Data system homepage: www.ojp.usdoj.gov/bjs/cvict.htm.<br>Agency homepage: www.ojp.usdoj.gov/bjs. |

## National Crime Victimization Survey (NCVS)


References

Klaus, P.A. *Crime and the Nation's Households, 2003.* NCH206348. Washington, DC: Bureau of Justice Statistics, October, 2004.

Catalano, S.M. *Criminal Victimization, 2004.* NCJ210674. Washington, DC: Bureau of Justice Statistics, 2005.

## National Health and Nutrition Examination Survey (NHANES)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | In-person interviews in the household and in a private setting in the mobile examination center (MEC). Standardized physical examinations and medical tests in the MECs. Conducted in English and Spanish. |
| Survey Sample Design | The NHANES uses a stratified multistage probability sample, nationally representative of the U.S. civilian noninstitutionalized population. Approximately 5,000 people are examined at 15 locations each year. Sample sizes for NHANES 2001-02 are 11,039 household interviews and 10,477 MEC examinations. Beginning in 1999, African Americans, Mexican Americans, adolescents aged 15-19 years, and persons 60 years and older are oversampled. |
| Response Rates | For NHANES 2001-02, the household interview response rate was 84 percent and the medical examination response rate was 80 percent. |
| Primary Survey Content | Chronic disease prevalence and conditions (including undiagnosed conditions), risk factors, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Other topics addressed include hearing, vision, mental health, anemia, diabetes, cardiovascular disease, osteoporosis, obesity, oral health, mental health, and physical fitness. |
| Population Targeted | The civilian noninstitutionalized population residing in the United States. |
| Demographic Data | Gender, age, education, race/Hispanic ethnicity, place of birth, income, occupation and industry. |
| Years Collected | From 1960 to 994, a total of seven national examination surveys were conducted. Beginning in 1999, the survey has been conducted continuously. |
| Schedule | Periodic (1960-94); annual beginning in 1999. Data are released in combined 2 year files (e.g., 2001-02). |
| Geographic Estimates | National; four U.S. Census Bureau regions. |

## National Health and Nutrition Examination Survey (NHANES)

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|---|---|
| Notes | Although NHANES is conducted continuously, the annual sample size is too small to provide reliable estimates. Consequently, public use data are released in 2 year files. Two or more cycles (e.g., 1999-2000 and 2001-02) may be combined to increase sample size and analytic options. Many analyses require 4 years of data for reliable estimates. |
| Contact Information | Data system homepage: www.cdc.gov/ncs/nhanes.htm<br><br>.Agency homepage: www.cdc.gov/nchs. |
| References | McDowell, M.A.; Fryar, C.D.; Hirsch, R.; et al. Anthropometric reference data for children and adults: U.S. population, 1999-2000. *Advance Data from Vital and Health Statistics* No. 361. Hyattsville, MD: National Center for Health Statistics, 2005.<br><br>National Center for Health Statistics. Plan and operation of the third National Health and Nutrition and Examination Survey, 1988-94. *Vital and Health Statistics* 1(32). Hyattsville, MD: National Center for Health Statistics, 1994.<br><br>Ezzati, T.M.; Massey, J.T.; Waxberg, J.; et al. Sample design: Third National Health and Nutrition Examination Survey. *Vital and Health Statistics* 2(113). Hyattsville, MD: National Center for Health Statistics, 1992. |

## National Health Interview Survey (NHIS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Personal interview in households using computer-assisted personal interviewing (CAPI), administered by professional interviewers, and conducted in English and Spanish. |
| Survey Sample Design | The NHIS uses a stratified multistage probability design that permits a continuous sampling of 358 primary sampling units (PSUs), with over-sampling of African Americans and Hispanics. A typical NHIS sample for the data collection years 1995–2004 consists of approximately 7,000 second-stage units (segments) within a PSU. The expected sample of 43,000 occupied respondent households yields a probability sample of about 111,000 persons. The survey is designed so that the sample scheduled for each week is representative of the target population and the weekly samples are additive over time. The 2003 sample included 33,921 households, which yielded 92,148 persons in 36,573 families. |
| Response Rates | Response rates for the basic NHIS core questionnaire have ranged from 91 to 96 percent over the years, with rates of sample person components generally ranging from 85 to 90 percent of eligible respondents. Response rates for special health topics (supplements) have generally also been in this lower range. In 2003, the total household response rate was 89 percent. The conditional rates for adult and child sample persons were 85 percent and 92 percent, respectively. |
| Primary Survey Content | Information is obtained on demographic characteristics, illnesses, injuries, impairments, chronic conditions, utilization of health resources, health insurance, and other health topics. The core household interview asks about everyone in the household. Additional questions are asked of one sample adult and one sample child (under 18 years) per family in the household. The sample adult questionnaire includes chronic health conditions and limitations in activity, health behaviors, health care access, health care provider contacts, immunizations, and AIDS knowledge and attitudes. The sample child questionnaire includes questions about chronic health conditions, limitations of activities, health status, behavior problems, health care access and |

## National Health Interview Survey (NHIS)

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|---|---|
| Primary Survey Content (continued) | utilization, and immunizations. Child data are proxy-reported by a parent or other knowledgeable adult respondent. Adult sample person data are all self-reported. Special modules are fielded periodically, and cover areas such as cancer, prevention, and disability. |
| Population Targeted | Civilian noninstitutionalized population residing in the United States, all ages. |
| Demographic Data | Gender, age, race/Hispanic ethnicity, education, income, marital status, place of birth, industry, and occupation. |
| Years Collected | Continuously since 1957. Current sample design began in 1995; current questionnaire design began in 1997. |
| Schedule | Annual. |
| Geographic Estimates | National; four U.S. Census Bureau regions; some of the 10 HHS regions, some States; metropolitan and nonmetropolitan areas. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/nhis.htm.<br><br>Agency homepage: www.cdc.gov/nchs. |
| References | Schiller, J.S.; Adams, P.F.; Coriaty Nelson, Z. Summary health statistics for the U.S. Population: National Health Interview Survey, 2003. *Vital and Health Statistics* 10(224). Hyattsville, MD: National Center for Health Statistics, 2005.<br><br>2003 National Health Interview Survey (NHIS) public use data release: NHIS survey description. Available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2003/srvydesc.pdf.<br><br>Botman, S.L.; Moore, T.F.; Moriarity, C.L.; et al. Design and estimation for the National Health Interview Survey, 1995-2004. *Vital and Health Statistics* 2(130). Hyattsville, MD: National Center for Health Statistics, 2000. |

## National Hospital Ambulatory Medical Care Survey (NHAMCS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Hospital staff are asked to complete one-page questionnaires (Patient Record forms) on a sample of their patient visits during an assigned reporting period. |
| Survey Sample Design | The NHAMCS utilizes a four-stage probability design that involves samples of primary sampling units (PSUs), hospitals within PSUs, clinics within hospitals, and patient visits within clinics. Hospital staff are asked to complete Patient Record forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period during the survey year. Sample data are weighted to produce national estimates of patient visits. In 2003, 406 emergency departments (EDs) participated, yielding 40,253 completed Patient Record forms. In addition, 231outpatient departments (OPDs) participated, yielding 334,492 completed Patient Record forms. |
| Response Rates | The 2003 overall patient response rate for emergency departments was 85 percent. The comparable rate for outpatient departments in 2002 was 75 percent. |
| Primary Survey Content | NHAMCS includes two files: ED visits and OPD visits. Information is obtained on various aspects of patient visits, including patient characteristics, physician characteristics, and other visit characteristics. The survey form is redesigned every 2 years to address changing health data needs. Among the items collected are: patient's age, gender, race, and ethnicity; patient's expressed reason for visit; place, cause, work-relatedness, and intentionality of injury, if any; physician's diagnoses; diagnostic services ordered or provided; procedures provided; medications ordered, supplied, administered or continued; providers seen; visit disposition; immediacy with which patient should be seen; time spent with physician; and, expected source of payment. |
| Population Targeted | The basic sampling unit is the patient visit. Included in the survey are in-person visits by patients to EDs and OPDs of noninstitutional general and short-stay hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Telephone contacts are excluded. |

## National Hospital Ambulatory Medical Care Survey (NHAMCS)

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|---|---|
| Demographic Data | Patient's age, gender, race, and Hispanic ethnicity |
| Years collected | Annual since 1992 |
| Schedule | Annual |
| Geographic Estimates | National, four U.S. Census Bureau regions. |
| Notes | The NHAMCS is a visit-based survey rather than a population-based survey. Estimates of visits per person per year can be produced using U.S. Census Bureau civilian noninstitutionalized population estimates. The survey is cross-sectional in nature. Multiple visits may be made by the same person within the sample. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/nhamcs.htm.<br>Agency homepage: www.cdc.gov/nchs. |
| References | McCaig, L.F., and Burt, C.W. National Hospital Ambulatory Medical Care Survey: 2003 emergency department summary. *Advance Data from Vital and Health Statistics* No. 358. Hyattsville, MD: National Center for Health Statistics. 2005.<br>Middleton, K.R. and Hing, E. National Hospital Ambulatory Medical Care Survey: 2003 outpatient department summary. *Advance Data from Vital and Health Statistics* No. 366. Hyattsville, MD: National Center for Health Statistics, 2005.<br>McCaig, L.F.; McLemore. T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital and Health Statistics* 1(34). Hyattsville, MD: National Center for Health Statistics, 1994. |

## National Hospital Discharge Survey (NHDS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Manual sample selection and abstraction of inpatient medical records by field personnel or automated data collection through the purchase of electronic files from commercial abstracting sources, States, or hospitals. |
| Survey Sample Design | The NHDS collects data from a sample of inpatient records acquired from a national sample of hospitals. The survey is restricted to hospitals with an average length of stay of fewer than 30 days, general hospitals, and children's general hospitals. Federal, military, and Department of Veterans Affairs hospitals are excluded as are hospital units in institutions (e.g., prison hospitals) and hospitals with fewer than six beds. The survey utilizes a three-stage probability design. The hospital sampling frame and sample are updated every 3 years. In 2003, data were collected for approximately 320,000 discharges from 426 hospitals. |
| Response Rates | The 2003 response rate was 89 percent. |
| Primary Survey Content | Variables collected include age, gender, race, Hispanic ethnicity, admission and discharge dates (length of stay), discharge status, and source of payment. From 1-7 diagnoses and from 0-4 procedures are coded using the ICD-9-CM. Hospital size, ownership, and region are also collected. |
| Population Targeted | Hospital discharges from short-stay noninstitutional hospitals and general and children's general hospitals regardless of length of stay, exclusive of military and U.S. Department of Veteran Affairs hospitals, located within the 50 States and the District of Columbia. |
| Demographic Data | Patient's age, gender, race, and Hispanic ethnicity. |
| Years Collected | 1965 to present. |
| Schedule | Annual. |
| Geographic Estimates | National, four U.S. Census Bureau regions. |

## National Hospital Discharge Survey (NHDS)

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| Notes | Data on race are not available for some hospitals because the hospitals provide data from billing forms that do not include race as a required item. A comparison of NHDS data with data for those who reported being hospitalized in the NHIS indicated that under reporting for whites was about 30 percent in 1992; the difference for African Americans was not statistically significant. Hispanic origin was not reported for 75 percent of the NHDS records in 1992. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/nhds.htm.<br><br>Agency homepage: www.cdc.gov/nchs. |
| References | DeFrances, C.J.; Hall, M.J.; Podgomik, M.K. 2003 National Hospital Discharge Survey. *Advance Data from Vital and Health Statistics* No. 359. Hyattsville, MD: National Center for Health Statistics, 2005.<br><br>Kozak, L.J.; Owings, M.F.; and Hall, M.J. National Hospital Discharge Survey: 2002 annual summary with detailed diagnosis and procedure data. *Vital and Health Statistics* 13(158). Hyattsville, MD: National Center for Health Statistics, 2005<br><br>Dennison C.; and Pokras, R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. *Vital and Health Statistics;* 1(39). Hyattsville, MD: National Center for Health Statistics, 2000.<br><br>Kozak, L.J. Under reporting of race in the National Hospital Discharge Survey. *Advance Data from Vital and Health Statistics* No. 265. Hyattsville, MD: National Center for Health Statistics, 1995. |

## National Immunization Survey (NIS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Immunization Program (NIP). The survey is conducted jointly by NIP and the National Center for Health Statistics (NCHS). |
| Mode of Administration | List-assisted random-digit-dialing survey followed by a mailed survey to children's immunization providers. |
| Survey Sample Design | The NIS uses two phases of data collection to obtain vaccination information for a large national probability sample of young children: a random-digit-dialing (RDD) survey designed to identify households with children between 19 and 35 months of age, followed by the NIS Provider Record Check (PRC) survey which obtains provider-reported vaccination histories for these children. In 2004, health care provider records were obtained for 21,998 children. |
| Response Rates | In 2004, the overall survey response rate was 67 percent. |
| Primary Survey Content | Information is obtained on immunization status with respect to the Advisory Committee on Immunization Practices' recommended number of doses of vaccines. Vaccines included in the survey are: diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), poliovirus vaccine (polio), measles-containing vaccine (MCV), Haemophilus influenzae type b vaccine (Hib), hepatitis B vaccine (Hep B), varicella zoster vaccine, pneumococcal conjugate vaccine (PCV), hepatitis A vaccine (Hep A), and influenza vaccine (FLU). |
| Population Targeted | Children between the ages of 10 and 35 months living in the United States. |
| Demographic Data | Gender, age, race/Hispanic ethnicity of the child, race/Hispanic ethnicity of the mother, mother's education, household income, and other information on the socioeconomic characteristics of the household and its eligible children. |
| Years Collected | Continuously since 1994. |
| Schedule | Quarterly estimates of vaccine coverage are produced. |
| Geographic Estimates | Estimates are produced for the nation and for each of 78 Immunization Action Plan areas consisting of the 50 States, the District of Columbia, and 27 large urban areas. |

| National Immunization Survey (NIS) | |
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| Contact Information | Data system homepage: www.cdc.gov/nis<br><br>Agency homepage: www.cdc.gov/nip and www.cdc.gov/nchs. |
| References | Darling, N.; Santibanez, T.; Santoli, J. National, State, and urban area vaccination coverage among children aged 19—35 months United States, 2004. *Morbidity and Mortality Weekly Report* 54(29): 717-721, 2005.<br><br>Smith, P.J.; Hoaglin, D.C.; Battaglia, M.P.; et al. Statistical methodology of the National Immunization Survey, 1994-2002. *Vital and Health Statistics* 2(138). Hyattsville, MD: National Center for Health Statistics, 2005. |

## National Notifiable Disease Surveillance System (NNDSS) and National Electronic Telecommunications System for Surveillance (NETSS)

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| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Epidemiology Program Office (EPO). |
| Mode of Administration | Reports are submitted by health care providers and clinical laboratories to the local, county, or State health departments. Weekly transmission of all data reported to CDC is overseen and administered by the State health departments. |
| Survey Sample Design | States determine the diseases that are nationally notifiable, the data that are collected, and method of reporting. |
| Response Rates | Varies by disease and State. Severe clinical illnesses are more likely to be reported. Persons with clinically mild diseases—usually not associated with severe consequences—may not be seen in health care settings or may not be reported by health care providers. Underreporting is a major limitation of this system. |
| Primary Survey Content | The Council of State and Territorial Epidemiologists and CDC develop the list of diseases and conditions that are considered nationally notifiable (61 in 2005). However, each State determines which diseases and conditions from the list will be reported from that State; many States also include other diseases and conditions in addition to those on the list of nationally notifiable diseases and conditions. States generally report the internationally quarantineable diseases, in compliance with the World Health Organization regulations. Data include demographic characteristics and other epidemiologically important information. |
| Population Targeted | Entire population of all States, District of Columbia, and five U.S. territories. |
| Demographic Data | Race, Hispanic ethnicity, age, and gender. |
| Years Collected | Since 1928, all States, the District of Columbia, Hawaii, and Puerto Rico have participated in public health reporting for specified conditions. |
| Schedule | Data are transmitted to CDC from the States each week. National data are published annually. |
| Geographic Estimates | National, regional, State, county. |

## National Notifiable Disease Surveillance System (NNDSS) and National Electronic Telecommunications System for Surveillance (NETSS)

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| Notes | Although State health department staff and their CDC colleagues attempt to obtain complete demographic and epidemiologic information, some data (particularly race and ethnicity) are not available for some cases of disease. Laws, regulations, and mandates for public health reporting (including specific data items that are reported) are under the authority of individual States, and in some States, race and ethnicity may not be approved for reporting to the national level. Race and ethnicity data may also be unknown when cases are reported from a laboratory or when cases are reported as aggregate disease totals.<br><br>In 1984, a system was developed for the electronic transfer of individual case record data. By 1990 all states were participating in this system (called the NETSS). NETSS is a computerized public health surveillance information system that provides the CDC with weekly data on cases of notifiable diseases as specified in the NNDSS. |
| Contact Information | Data system homepages:<br>www.cdc.gov/epo/dphsi/nndsshis.htm. and<br><br>www.cdc.gov/epo/dphsi/netss.htm.<br><br>Agency homepage: http://www.cdc.gov/epo. |
| References | Centers for Disease Control and Prevention. Summary of notifiable diseases–United States, 2003. *Morbidity and Mortality Weekly Report* 52(54), 2005. |

## National Profile of Local Health Departments (NPLHD)

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|---|---|
| Sponsor | Conducted by the National Association of County and City Health Officials, with support from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). |
| Mode of Administration | Self-administered questionnaires. |
| Survey Sample Design | Census of U.S. local health departments. The sample size for the 2005 survey was 2,864. |
| Response Rates | Response rate varies by State. The overall (national) response rate for the 2005 survey was 80 percent. |
| Primary Survey Content | Descriptive data on local health departments nationwide, including jurisdiction type, services provided, staff size, community partnerships and collaborative relationships, managed care, and expenditures. |
| Population Targeted | Local health departments in the United States. |
| Demographic Data | Jurisdiction type, population size. |
| Years Collected | 1989; 1992–93; 1996–97; 2005. |
| Schedule | Periodic. |
| Geographic Estimates | National, 10 HHS Regions, State, and county. Data will be geo-coded. |
| Notes | The NPLHD is a cross-sectional survey, not a longitudinal survey. Questions change from survey to survey. |
| Contact Information | Data system homepage: www.naccho.org.<br>Agency homepage: www.cdc.gov/phppo. |
| References | National Association of County and City Health Officials. *2005 National Profile of Local Health Departments.* Washington, D.C., 2006. Available at: www.naccho.org.<br>Hajat, A.; Brown, C.K.; Fraser, M.R. *Local Public Health Agency Infrastructure: a Chartbook.* Washington, DC: National Association of County and City Health Officials, 2001.<br>National Association of County and City Health Officials. *1992–1993 National Profile of Local Health Departments: National Surveillance Series*. Atlanta, GA: Centers for Disease Control and Prevention, 1995. |

| National Survey on Drug Use and Health (NSDUH) | |
|---|---|
| Note | Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA) |
| Sponsor | U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). |
| Mode of Administration | Questionnaires are administered in the home by professional survey administrators. Computer-assisted personal interview (CAPI) and audio computer-administered self interview (ACASI) for sensitive questions have been used since 1999. Beginning in 2002, respondents were offered an incentive payment in an effort to improve response rates. No respondent identifiers are collected. |
| Survey Sample Design | A 50-State sample design with an independent multistage area probability sample for each of the 50 states and the District of Columbia to facilitate State-level estimation. Youths (ages 12-17 years) and young adults (ages 18-25 years) are oversampled. In 2004, 130,130 household addresses were screened and 67,760 completed interviews were obtained. |
| Response Rates | Weighted response rates in 2004 were 91 percent for household screening and 77 percent for individual interviews. |
| Primary Survey Content | Initiation, recency, and frequency of use of alcohol, tobacco (including smokeless, cigarettes, and cigars), marijuana and other illicit drugs; prescription drug misuse; treatment and prevention-related items. |
| Population Targeted | Civilian noninstitutionalized population residing in the United States, ages 12 and older. |
| Demographic Data | Gender, age, race/Hispanic ethnicity, education, marital status, employment, income. |
| Years Collected | 1971 to present. Continuous since 1992. |
| Schedule | Annual. |
| Geographic Estimates | National, regional. |
| | Since 1999, direct State estimates can be made for California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas. Sample sizes in the remaining 42 states and the District of Columbia are sufficient to support State estimates using small area estimation (SAE) techniques. |

| National Survey on Drug Use and Health (NSDUH) | |
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| Notes | As a result of methodological changes made in 2002, data for 2002 and later years should not be compared with 2001 and earlier NHSDA data to assess changes over time. |
| Contact Information | Data system homepage: www.oas.samhsa.gov/nhsda.htm.<br><br>Agency homepage: www.oas.samhsa.gov. |
| References | Substance Abuse and Mental Health Services Administration (SAMHSA): *Overview of findings from the 2004 National Survey on Drug Use and Health.* NSDUH Series H-27, DHHS Publication No. SMA 05-4061. Rockville, MD: SAMHSA, Office of Applied Studies, 2005. |

## National Survey of Family Growth (NSFG)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Computer-assisted personal interview (CAPI) by professional female interviewers. In addition, a self-administered audio section for more sensitive topics (ACASI), in which respondents hear questions on headphones (and read on a computer screen) and enter responses on the computer themselves. |
| Survey Sample Design | The 2002 survey was a multistage probability design consisting of households in 120 areas across the country. The sample was designed to produce national, not State estimates. Respondents included 7,643 women and 4,928 men. African American, Hispanic, and 15-24 year old respondents were sampled at a higher rate. |
| Response Rates | Response rates have averaged around 80 percent for the 2002 and prior cycles. The 2002 response rate was 79 percent: 80 percent for women and 78 percent for men. |
| Primary Survey Content | The NSFG collects data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. These factors include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, parenting, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility. |
| Population Targeted | Civilian noninstitutionalized women and men aged 15 to 44 years residing in the United States. |
| Demographic Data | Age, race, Hispanic ethnicity, family income, educational attainment. |
| Years Collected | 1973, 1976, 1982, 1988, 1995, and 2002. |
| Schedule | Periodic. |
| Geographic Estimates | National; four U.S. Census Bureau regions; metropolitan and nonmetropolitan areas; some of the 10 HHS regions. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/nsfg.htm.<br>Agency homepage: www.cdc.gov/nchs. |

## National Survey of Family Growth (NSFG)

References


Groves, R.; Mosher, W.D.; Benson, G.; et al. Plan and operation of cycle 6 of the National Survey of Family Growth. *Vital and Health Statistics* 1(42). Hyattsville, MD: National Center for Health Statistics, 2005.

Abma, J.C.; Martinez, G.M.; Mosher, W.D.; et al. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital and Health Statistics* 23(24). Hyattsville, MD: National Center for Health Statistics, 2004.

Mosher W.D.; Martinez, G.M.; Chandra, A.; Abma, J.C.; et al. Use of contraception and use of family planning services in the United States, 1982-2002. *Advance Data from Vital and Health Statistics* No. 350. Hyattsville, MD: National Center for Health Statistics, 2004.

Bramlett, M.D., and Mosher, W.D. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital and Health Statistics* 23(22). Hyattsville, MD: National Center for Health Statistics, 2002.

## National Vital Statistics System, Mortality (NVSS-M)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Administrative records (death certificates) completed by physicians, coroners, medical examiners, and funeral directors are filed with State vital statistics offices; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Beginning with 1989, revised standard certificates replaced the 1978 versions; the next revision, originally scheduled for 2003, is being phased in. In 2003, 4 States and New York City implemented the revision; 8 additional States implemented in 2004. Demographic information on the death certificate is provided by the funeral director and is based on information supplied by an informant. Medical certification of cause of death is provided by the physician, medical examiner, or coroner. |
| Survey Sample Design | NVSS mortality files include data for the 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. All deaths occurring in those areas are included (approximately 2.2 to 2.3 million annually). Data for Healthy People 2010 are based only on resident deaths filed in the 50 States and the District of Columbia. Deaths to nonresidents of the United States are not included. |
| Response Rates | N/A. |
| Primary Survey Content | All States provide data on year of death, place of decedent's residence, place death occurred, age at death, day of week and month of death, Hispanic origin, race, marital status, place of birth, gender, underlying and multiple causes of death. Selected States provide injury at work, hospital and patient status, educational attainment. A second group of selected States provide decedent's and occupation and industry. |
| Population Targeted | The U.S. Population |
| Demographic Data | Gender, race, Hispanic origin, age at death, place of decedent's residence, educational attainment (for selected States), marital status, and industry and occupation (for selected States). |
| Years collected | The data system began in 1900 but not all States participated before 1933. Coverage for deaths has been complete since 1933. |
| Schedule | Annual. |

## National Vital Statistics System, Mortality (NVSS-M)

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| Geographic Estimates | National, regional, State, county, and city. In order to prevent disclosure of individuals and institutions, beginning with data year 1989, NCHS has excluded (a) geographic identities of counties, cities, and metropolitan areas with less than 100,000 population and (b) exact day of birth and death from public-use micro-data mortality files. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/deaths.htm.<br><br>Agency homepage: www.cdc.gov/nchs. |
| References | Hoyert, D.L.; Kung, H.C.; Smith, B.L. Deaths: Preliminary data for 2003. *National Vital Statistics Reports* Vol. 53, No.15. Hyattsville, MD: National Center for Health Statistics, 2005.<br><br>Kochanek, K.D.; Murphy, S.L.; Anderson, R.N.; et al. Deaths: Final data for 2002. *National Vital Statistics Reports* Vol. 53, No. 5. Hyattsville, MD: National Center for Health Statistics, 2004.<br><br>National Center for Health Statistics. *Technical Appendix. Vital Statistics of the United States, 1999*. Vol. II, Mortality, Part A. Available from: www.cdc.gov/nchs/data/statab/techap99.pdf |

## National Vital Statistics System - Natality (NVSS-N)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). |
| Mode of Administration | Hospital and attendants at delivery are responsible for the completion of administrative records (birth certificates), which are filed with State vital statistics offices; selected statistical information is forwarded to NCHS to be merged into a national statistical file. Demographic information is provided by the mother. Medical and health information is generally based on hospital and other records. Beginning with 1989, revised standard certificates replaced the 1978 versions. The next revision, originally scheduled for 2003, is being phased in. Two states implemented the revision in 2003; four additional states revised in 2004. |
| Survey Sample Design | NVSS natality data include data for the 50 States, the District of Columbia, and the territories of Puerto Rico, Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas. All births are included (approximately 3.9 to 4.0 million annually). Data for Healthy People 2010 are based only on resident births filed in the 50 States and the District of Columbia. Births to nonresidents of the United States are not included. |
| Response Rates | N/A. |
| Primary Survey Content | Year of birth, place of birth, prenatal care, demographic information and health status of baby, demographic information of mother and father, pregnancy history of mother, medical and health data about the delivery, pregnancy, and mother. |
| Population Targeted | All registered births in the United States. |
| Demographic Data | Gender of baby, race, Hispanic origin, age, educational attainment, marital status of mother, and live-birth order. |
| Years Collected | The data system began in 1900 but not all States participated until 1933. Prior to 1972, a 50 percent sample of birth certificates was received. From 1972 to 1984, all birth certificates were included from States participating in the Vital Statistics Cooperative Program, with other States providing a 50 percent sample of birth certificates. Since 1985, the natality file has been based on 100 percent of birth certificates in all States and the District of Columbia. |

## National Vital Statistics System - Natality (NVSS-N)

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| Schedule | Annual. |
| Geographic Estimates | National, regional, State, county, and city. In order to prevent disclosure of individuals and institutions, beginning with data year 1989, NCHS has excluded (a) geographic identities of counties, cities, and metropolitan areas with less than 100,000 population and (b) exact day of birth from public-use micro-data natality files. |
| Contact Information | Data system homepage: www.cdc.gov/nchs/births.htm.<br><br>Agency homepage: www.cdc.gov/nchs. |
| References | Hamilton B.E.; Ventura S.J.; Martin J.A.; et al. Preliminary births for 2004. *Health E-Stat.* Hyattsville, MD: National Center for Health Statistics, 2005. Available from: www.cdc.gov/nchs/products/pubs/pubd/hestats/prelim_births/prelim_births04.htm.<br><br>Martin, J.A.; Hamilton, B.E.; Sutton, P.D.; et al. Births: Final data for 2003. *National Vital Statistics Reports* Vol. 54, No. 2. Hyattsville, MD: National Center for Health Statistics, 2005.<br><br>National Center for Health Statistics. *Technical Appendix*. *Vital Statistics of the United States, 2002.* Vol. I, Natality. Available from: http://www.cdc.gov/nchs/data/techap02.pdf. |

## School Health Policies and Programs Study (SHPPS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). |
| Mode of Administration | State and district level: Self-administered, mailed questionnaire.<br><br>School and classroom level: On-site, structured personal interview. |
| Survey Sample Design | SHPPS is a national, periodic survey of schools that was first conducted in 1994. The 2000 SHPPS included all 50 States and the District of Columbia education agencies; a national probability sample of public and private districts; a national sample of public and private middle/junior and senior high school schools; and a random sample of required health education and physical education classes. About 560 districts and 950 schools participated. Respondents included administrators, teachers, school nurses, counselors, food service staff, secretaries, and other school personnel. |
| Response Rates | For the 2000 SHPPS: State education agencies, 100 percent; school districts, 75 percent; schools, 71 percent; health education teachers, 90 percent; and physical education teachers, 90 percent. |
| Primary Survey Content | Characteristics (such as policies, administration, planning, program content, program requirements, teaching methodologies, professional preparation of staff, efforts to promote programs, accessibility of services, training needs, etc.) of school health programs, including health education, physical education, food service, health services, and school health policies. |
| Population Targeted | Education agencies in all 50 States and the District of Columbia; public and private school districts; public and private middle/junior and senior high schools; required health education and physical education courses. |
| Demographic Data | For schools, demographic variables include school size, school type, urbanicity, student-teacher ratio, percent of students receiving free or reduced-price lunches, and racial/Hispanic ethnicity of students. |
| Year Collected | 1994; 2000. |
| Schedule | Periodic: every 6 years. Next survey is planned for 2006. |

| School Health Policies and Programs Study (SHPPS) | |
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| Geographic Estimates | National estimates for school districts, schools, and health education and physical education courses; State estimates for State education agencies. |
| Contact Information | Data system homepage: www.cdc.gov/HealthyYouth/shpps/index.htm.<br><br>Agency homepage : www.cdc.gov/nccdphp. |
| References | Centers for Disease Control and Prevention. *Overview: School Health Policies and Programs Study 2000.* Available from: www.cdc.gov/HealthyYouth/shpps/factsheets/pdf/overview.pdf.<br><br>Kolbe, L.J.; Kann, L.; Collins, J.L.; Small, M.L.; et al. The School Health Policies and Programs Study (SHPPS): Context, methods, general findings, and future efforts. *Journal of School Health Supplement* 7(71), 2001. |

## State Tobacco Activities Tracking and Evaluation System (STATE)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Office on Smoking and Health (OSH). |
| Mode of Administration | The STATE System is a data warehouse. Data are collected and summarized from various sources, including the Behavioral Risk Factor Surveillance System; the Youth Risk Behavior Surveillance System; the Census Bureau, the Economic Research Service, USDA; and SAMHSA. Specifically for Healthy People 2010 objectives, the Lexis-Nexis on-line legal database is used. |
| Survey Sample Design | N/A.<br><br>Specifically for Healthy People 2010 objectives, CDC, OSH searches two Lexis-Nexis subfiles: the StateTrack System and the Advanced Legislative Services System. Downloads to the STATE database are coded according to variables identified by CDC, OSH. |
| Response Rates | N/A. |
| Primary Survey Content | The system contains data on cigarette and other tobacco use, resident population estimates (number of adults and adolescents), the tobacco industry (tobacco agriculture, manufacturing, and cigarette sales), health consequences and cost, State tobacco-control legislation (smokefree indoor air, youth access, preemption, excise tax on tobacco products, licensure, and advertising), and program implementation (cigarette sales to underage persons). |
| Population Targeted | State tobacco activities. |
| Demographic Data | Resident population data grouped by adult and youth. |
| Years Collected | Continuously since 1996. |
| Schedule | Annually for most data sources, quarterly for State tobacco control legislation. |
| Geographic Estimates | State (see NOTES). |
| Notes | The STATE System is an electronic data warehouse containing current and historic State-level data on tobacco use prevention and control. It integrates many data sources to provide comprehensive summary data and facilitate research and consistent interpretation of the data.<br><br>National estimates are derived by summing the State numbers across States. |

## State Tobacco Activities Tracking and Evaluation System (STATE)

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| Contact Information | Data system homepage: www.cdc.gov/tobacco/statesystem.<br><br>Agency homepage: www.cdc.gov/tobacco. |
| References | Bloch, A.B.; Mowery, P.D.; Caraballo, R.S.; et al. Tobacco use, access, and exposure to tobacco in the media among middle and high school students: United States, 2004. *Morbidity and Mortality Weekly Report* 54(12): 297-301, 2005.<br><br>Chriqui, J.; O'Connor, J.; Babb, S.; et al. State smoking restrictions for private-sector worksites, restaurants, and bars – United States, 1998 and 2004. *Morbidity and Mortality Weekly Report* 54(26): 649-653, 2005. |

## Survey of Occupational Injuries and Illnesses (SOII)

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|---|---|
| Sponsor | U.S. Department of Labor, Bureau of Labor Statistics (BLS) in cooperation with State Departments of Labor |
| Mode of Administration | Questionnaires sent to private employers, collected and processed by State agencies cooperating with the Bureau of Labor Statistics. |
| Survey Sample Design | A sample of private establishments representing the total private economy (except for mines and railroads). In 2003, a sample of 183,700 establishments was surveyed. |
| Response Rates | Response rates vary from year to year. The 2003 response rate was 94 percent. |
| Primary Survey Content | Occupational illnesses; occupational injuries which involve lost worktime, medical treatment other than first aid, restriction of work or motion, loss of consciousness, or transfer to another job. Days away from work and days of restricted work activity are also recorded. |
| Population Targeted | Private industry, excluding the self-employed, farms with fewer than 11 employees, private households and employees in Federal, State, and local government agencies. |
| Demographic Data | Gender, age, occupation. |
| Years Collected | 1972 to present. |
| Schedule | Annual. |
| Geographic Estimates | National, State. |
| Contact Information | Data system homepage: www.bls.gov/iif/home.htm<br>Agency homepage: www.bls.gov. |
| References | Bureau of Labor Statistics. *BLS Handbook of Methods.* Available from: www.bls.gov/opub/hom/homtoc.htm.<br>Bureau of Labor Statistics (BLS). *Survey of Occupational Injuries and Illnesses, 2003.* Washington, DC: BLS, 2005. |

## United States Renal Data System (USRDS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, National Institutes for Health (NIH), National Institute for Diabetes and Digestive and Kidney Disease (NIDDK) in collaboration with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). |
| Mode of Administration | Continuous mandated reporting from physicians who treat end-stage renal disease (ESRD). |
| Survey Sample Design | The database consists of patient and facility records from the CMS ESRD Program Management and Medical Information System, the Annual Facility Survey, and data on transplant followup and Medicare parts A and B services derived from Medicare claims. These CMS-supplied data are supplemented by data from the Social Security Administration, the U.S. Department of Veterans Affairs facilities, the U.S. Census Bureau, local and national ESRD provider databases, and international ESRD registries. Patient-specific data are compiled from medical records, as well as data on medical providers and treatment facilities. Special studies utilize random samples of patient population medical records. |
| Response Rates | N/A. |
| Primary Survey Content | Date of onset of ESRD, treatment modality (including dialysis and kidney transplantation), causes of death, patient survival, hospitalization, cost and cost effectiveness, and institutional providers of ESRD treatment. Questions in special surveys cover behavioral risk factors (for example, alcohol and tobacco use), preventive health measures, health status, limitation of activity, and health care access and utilization. |
| Population Targeted | Medicare and non-Medicare ESRD patients. |
| Demographic Data | Gender, age, income, education, race, Hispanic ethnicity. |
| Years Collected | Continuously since 1988. |
| Schedule | Annual. |
| Geographic Estimates | National, State, and county. |
| | The USRDS provides data on the incidence, prevalence, mortality rates, and trends over time of end-stage renal disease by primary diagnosis, treatment modality, and sociodemographic variables. Other data collected by the database include services resources, utilization, expenditures, and financing. |

## United States Renal Data System (USRDS)

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| Contact Information | Data system homepage: www.usrds.org.<br><br>Agency homepage: www.niddk.nih.gov. |
| References | United States Renal Data System, USRDS. *2005 Annual Data Report: Atlas of End-State Renal Disease in the United States.* Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2005.<br><br>United States Renal Data System. *Researchers Guide to the USRDS Database: 2004 ADR Edition.* Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2004. |

## Youth Risk Behavior Surveillance System (YRBSS)

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|---|---|
| Sponsor | U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). |
| Mode of Administration | School based; administered in classrooms by professional survey administrators. Anonymous self-administered questionnaires. Make-up surveys conducted for absentees. |
| Survey Sample Design | The YRBSS has several components all of which are administered among samples of 9th through 12th grade students: a national survey, State surveys administered by the States, local surveys administered by large school districts, periodic surveys of the Navaho Indian Nation schools, and periodic surveys of American Indian youth attending schools funded by the Bureau of Indian Affairs. The national survey uses a three-stage probability sample. It is completed biennially by students in about 150 public and private schools, grades 9-12. African American and Hispanic/Latino students are sampled at a higher rate in the national survey. In 2003, a total of 15,214 students completed the national survey. |
| Response Rates | For 2003:<br>School response rate 81%<br>Individual response rate 83%<br>Overall response rate 67% |
| Primary Survey Content | Six categories of health risk behaviors: behaviors contributing to unintentional injury and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, unhealthy diet and nutrition, and physical inactivity. |
| Population Targeted | Students in grades 9-12. |
| Demographic Data | Gender, age, grade, race/ethnicity, urbanicity of school. |
| Years Collected | 1990; biennially since 1991. |
| Schedule | Biennial (odd-numbered years). |
| Geographic Estimates | National survey: national and four U.S. Census Bureau regions; State survey: 41 States and the District of Columbia in 1999; Local survey: 16 selected large urban school districts in 1999. |

## Youth Risk Behavior Surveillance System (YRBSS)

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| Notes | The YRBSS methodology includes a makeup survey for students who are absent during the original survey to improve coverage of the in-school youth population. Other components of the YRBSS include a national alternative school survey, middle school surveys in selected States, and the National College Health Risk Behavior Survey. |
| Contact Information | Data system homepage: www.cdc.gov/HealthyYouth/yrbs/index.htm.<br><br>Agency homepage: www.cdc.gov/nccdphp. |
| References | Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System. *Morbidity and Mortality Weekly Report* 53(RR12), 2004.<br><br>Grunbaum, J.; Kann, L.; Kinchen, S.; et al. Youth Risk Behavior Surveillance–United States, 2003. *Morbidity and Mortality Weekly Report* 53(SS2): 1-98, 2004. |